PTO/SB/81 (04-05) Approved for use through 11/30/2005. OMB 0651-0035

#### U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

#### **POWER OF ATTORNEY** and **CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number			
Filing Date			
First Named Inventor	BOYD, Robert R.		
Title	ARTICULATED ELEMENTS AND METHODS	TOR	USE
Art Unit			
Examiner Name			
Attorney Docket Number	22198(2)US	7	

I hereby revoke all p	revious powers of attorney given in the	e above-identified app	lication.	
I hereby appoint:			<del></del>	
	Practitioners associated with the Customer Number: 24116			
OR				
Practitioner(s) nan	ned below:			
	Name	Regis	tration Number	
as my/our attorney(s) or Trademark Office conne	agent(s) to prosecute the application identified cted therewith.	above, and to transact all bu	siness in the United States Patent and	
		· · · · · · · · · · · · · · · · · · ·		
Please recognize or cha	nge the correspondence address for the above	-identified application to:		
XX The address as	ssociated with the above-mentioned Customer	Number:		
OR ·		· ·		
The address a	sacciated with Customer Number		·	
The address associated with Customer Number:  OR				
Firm or Individual Name				
Address		· · · · · · · · · · · · · · · · · · ·		
		•		
City		State	Zip	
Country		7		
Telephone		Email		
I am the:				
Applicant/Inve	xx Applicant/Inventor.			
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTØ/SB/96)				
SIGNATURE of Applicant or Assignee of Record				
Signature			Date 12-14-05	
Name	Wayne L. Poll		Telephone 614 268 2323	
Title and Company				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
xx •Total of 15	forms are submitted.			

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number		\
Filing Date		1
First Named Inventor	BOYD, Robert R.	
Title	ARTICULATED ELEMENIS AND METHODS	OR USE
Art Unit		
Examiner Name		]
Attorney Docket Number	22198(2)US	7

I hereby revoke all previous powers of attorney g	given in th	e above-identified ap	plication.	
I hereby appoint:				
Practitioners associated with the Customer Number:	2411	.6		•
OR	<u> </u>			
Practitioner(s) named below:				
Name	<sup>-</sup>	Reg	istration Numb	er
			*	
	n identified	above, and to transact all	husiness in the	United States Patent and
as my/our attorney(s) or agent(s) to prosecute the application Trademark Office connected therewith.	midentined	above, and to transact and	ousiness in the	Officed States Faterit and
Please recognize or change the correspondence address fo	or the above	-identified application to:		
The address associated with the above-mentioned	1 Customer	Number:		
OR ·		•		
The address associated with Customer Number:  OR		- Allance		
Firm or Individual Name				
Address			•	
		Louis		7:
City Country		State		Zip
Telephone		Email		
I am the:		- Luis	<del></del>	
xx Applicant/Inventor.				
Assignee of record of the entire interest. See 37 C		761		
Statement under 37 CFR 3.73(b) is enclosed. (For		nt or Assignee of Record	<del></del>	
		it of manying of Nacola	<u>,</u>	8-10-05
Name Robert R. Boyd	M.	· · · · · · · · · · · · · · · · · · ·	Telephon	
Title and Company				
NOTE: Signatures of all the inventors or assignees of record of the signature is required, see below*.	entire interest	or their representative(s) are	required. Submit	multiple forms if more than one
xx *Total of 15 forms are submitted.				

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

#### **POWER OF ATTORNEY** and **CORRESPONDENCE ADDRESS INDICATION FORM**

Under the Paperwork Reduction Act of 1995, no persons are requi	red to respond to a collection of infor	mation unless it displays a valid OMB control number.	
	Application Number		\
POWER OF ATTORNEY	Filing Date		1
and	First Named Inventor	BOYD, Robert R.	
CORRESPONDENCE ADDRESS	Title	ARTICULATED ELEMENTS AND METHODS	OR USE
	Art Unit		]
INDICATION FORM	Examiner Name		]
	Attorney Docket Number	22198(2)US	7

I hereby revoke all previous powers of attorney given in the	bove-identified application.		
I hereby appoint:			
Practitioners associated with the Customer Number: 24116			
OR			
Practitioner(s) named below:		•	
Name	Registration Numb	er	
	ME VA.		
as my/our attorney(s) or agent(s) to prosecute the application identified about Trademark Office connected therewith.	ve, and to transact all business in the	United States Patent and	
Please recognize or change the correspondence address for the above-ide	ntified application to:		
The address associated with the above-mentioned Customer Nur	nber:		
OR		•	
The address associated with Customer Number:  OR			
Firm or Individual Name			
Address			
	I Ctata	7:5	
City Country	State	Zip	
Telephone	Email		
l am the:			
xx Applicant/Inventor.			
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)			
SIGNATURE of Applicant o	Assignee of Record	1 10-	
Signature B. Matt Dauly	Date /	0/1/05	
Name B. Matt Bartilson	Telephon	ie '	
Title and Company			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
*Total of forms are submitted.			

USE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

# POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number		
Filing Date		
First Named Inventor	BOYD, Robert R.	
Title	ARTICULATED ELEMENTS AND METHODS	OR
Art Unit		
Examiner Name		
Attorney Docket Number	22198(2)US	7

I hereby revoke all previous powers of attorney give	ven in the above-identified application	ation.
I hereby appoint:		
Practitioners associated with the Customer Number:	24116	
OR '		
Practitioner(s) named below:		
Name	Registrat	tion Number
as my/our attorney(s) or agent(s) to prosecute the application Trademark Office connected therewith.	identified above, and to transact all busin	ess in the United States Patent and
Please recognize or change the correspondence address for	the above-identified application to:	
The address associated with the above-mentioned (		
OR ·		٦ .
The address associated with Customer Number:  OR		
Firm or Individual Name		
Address		
		7:
Country	State	Zip
Country Telephone	Email	
I am the:	·	
xx Applicant/Inventor.		·
Assignee of record of the entire interest. See 37 CFI Statement under 37 CFR 3.73(b) is enclosed. (Form		
SIGNATURE o	of Applicant or Assignee of Record	
Signature fundament	lenn	Date 06/13/2005
Name Linn Faulkner		Telephone (614) 424-5280
Title and Company		
NOTE: Signatures of all the inventors or assignees of record of the ensignature is required, see below*.	ntire interest or their representative(s) are requir	ed. Submit multiple forms if more than one
*Total of 15 forms are submitted.		

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	inflation unless it displays a valid offic conduct frames.	
Filing Date		]
First Named Inventor	BOYD, Robert R.	
Title	ARTICULATED ELEMENTS AND METHODS	OR USE
Art Unit		
Examiner Name		]
Attorney Docket Number	22198(2)US	7

Practitioners associated with the Customer Number:  OR  Practitioner(s) named below:  Name  Registration Number  Registration Number  as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please recognize or change the correspondence address for the above-identified application to:  XX  The address associated with the above-mentioned Customer Number:  OR  The address associated with Customer Number:  OR  Individual Name  Address  City  State  Zip  Country  Telephone  I am the:  XX  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Signature  Thomas D, Haubert  Telephone (614) 424–3082  Title and Company  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms If more than one agreement a required, see below.					
Practitioners associated with the Customer Number:  OR  Practitioner(s) named below:  Name  Name  Registration Number  Name  Registration Number  as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please recognize or change the correspondence address for the above-dentified application to:  XX  The address associated with the above-mentioned Customer Number.  OR  The address associated with Customer Number.  OR  Stim or Individual Name  Address  City  State  Zip  Country  Telephone  Email  I.am the:  XX  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  Signature  Name  Thomas D, Haubert  Telephone (614) 424–3082.  Title and Company  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one agents in the required. Submit multiple forms if more than one agents in the required. Submit multiple forms if more than one agents in the required. Submit multiple forms if more than one agents in the required. Submit multiple forms if more than one agents in the required.	I hereby revoke all p	previous powers of attorney given in t	he above-identified app	lication.	
Practitioner(s) named below:    Name	I hereby appoint:				
Practitioner(s) named below:    Name	Practitioners associated with the Customer Number:				
Name Registration Number  as myour attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please recognize or change the correspondence address for the above-identified application to:  XX The address associated with the above-mentioned Customer Number:  OR  The address associated with Customer Number:  OR  Firm or Individual Name  Address  City  State  Zip  Country  Telephone  Email  am the:  XX Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB36)  SIGNATURE of Applicant or Assignee of Record  Signature  Thomas D, Haubert  Telephone (614) 424–3082  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below'.	OR				
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please recognize or change the correspondence address for the above-identified application to:  XXX	Practitioner(s) nar	med below:			
Trademark Office connected therewith.  Please recognize or change the correspondence address for the above-identified application to:		Name	Regis	tration Number	
Trademark Office connected therewith.  Please recognize or change the correspondence address for the above-identified application to:    XX					
Trademark Office connected therewith.  Please recognize or change the correspondence address for the above-identified application to:    XX					
Trademark Office connected therewith.  Please recognize or change the correspondence address for the above-identified application to:    XX					
Trademark Office connected therewith.  Please recognize or change the correspondence address for the above-identified application to:					
Trademark Office connected therewith.  Please recognize or change the correspondence address for the above-identified application to:    XX					
The address associated with the above-mentioned Customer Number:  OR  The address associated with Customer Number:  OR  Firm or Individual Name  Address  City  State  Zip  Country  Telephone  Iam the:  XX  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Signature  Signature  Thomas D. Haubert  Telephone (614) 424–3082  Title and Company  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below:	as my/our attorney(s) or Trademark Office conne	agent(s) to prosecute the application identified therewith.	d above, and to transact all bu	siness in the United States Patent and	
The address associated with the above-mentioned Customer Number:  OR  The address associated with Customer Number:  OR  Firm or Individual Name  Address  City State Zip  Country  Telephone Email  Iam the:  XX Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Signature Thomas D. Haubert Telephone (614) 424–3082  Title and Company  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below:	Please recognize or cha	inge the correspondence address for the abov	e-identified application to:		
The address associated with Customer Number:  OR  Firm or Individual Name  Address  City State Zip  Country  Telephone Email  I am the:  xxx Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Signature  Thomas D, Haubert  Telephone (614) 424–3082  Title and Company  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
The address associated with Customer Number:  OR  Firm or Individual Name  Address  City State Zip  Country  Telephone Email  I am the:  xx Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Signature Phones D. Haubert Date 6/32/0.5  Name Thomas D. Haubert Telephone (614) 424–3082  Title and Company  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		ssociated with the above-mentioned Custome	Number:	<del></del>	
Firm or Individual Name  Address  City State Zip  Country  Telephone Email  I am the:			•		
City State Zip  Country  Telephone Email  I am the:  xx Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Signature Date 6/32/05  Name Thomas D. Haubert Telephone (614) 424–3082  Title and Company  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
City State Zip  Country  Telephone Email  I am the:  xx Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Signature Date 6/22/05  Name Thomas D. Haubert Telephone (614) 424–3082  Title and Company  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
Country  Telephone					
Country  Telephone	·				
Telephone Email  I am the:  xx Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Signature Date 6/32/05  Name Thomas D. Haubert Telephone (614) 424–3082  Title and Company  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	City .		State	Zip	
Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Signature  Date 6/32/05  Name Thomas D. Haubert  Title and Company  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Country				
Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Signature  Date 6/22/05  Name  Thomas D. Haubert  Title and Company  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Telephone	Telephone Email			
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Signature  Name  Thomas D. Haubert  Title and Company  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	I am the:				
Signature  Signature  Thomas D. Haubert  Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	xx Applicant/Inve	ntor.			
Signature  Signature  Thomas D. Haubert  Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Assignee of re	cord of the entire interest. See 37 CFR 3.71.			
Name Thomas D. Haubert Title and Company  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			3/96)		
Name Thomas D. Haubert Title and Company  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		SIGNATURE of Applica	ant or Assignee of Record		
Title and Company  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Signature	Than Offenbert		Date 6/22/05	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Name	Thomas D. Haubert		Telephone (614) 424-3082	
signature is required, see below*.					
XX *Total of 15 forms are submitted			st or their representative(s) are re	quired. Submit multiple forms if more than one	
	xx *Total of 15	forms are submitted.			

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Application Number

# POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number		\
Filing Date		1
First Named Inventor	BOYD, Robert R.	
Title	ARTICULATED ELEMENIS AND METHODS	FOR USE
Art Unit		1
Examiner Name		1
Attorney Docket Number	22198(2)US	7

I hereby revoke all	I hereby revoke all previous powers of attorney given in the above-identified application.			
I hereby appoint:				
Practitioners ass	sociated with the Customer Number:	4116		
Practitioner(s) n	amed below:	•		
	Name	Registra	ation Number	
as my/our attorney(s)	or agent(s) to prosecute the application identi	fied above, and to transact all busi	ness in the United States Patent and	
Trademark Office conr				
Please recognize or ch	nange the correspondence address for the at	ove-identified application to:		
	associated with the above-mentioned Custor	mer Number:		
OR ·		•		
The address associated with Customer Number:  OR				
Firm or Individual Name				
Address				
City		State	Zip	
Country Telephone		Email		
I am the:				
XX Applicant/Inv	entor.			
	record of the entire interest. See 37 CFR 3.7° ander 37 CFR 3.73(b) is enclosed. (Form PTO)		·	
		licant or Assignee of Record		
Signature	Omrchaelleigenhei-		Date price 23, 2005	
Name	C. Michael Gegenheimer		Date 23, 2005 Telephone (614) 424-4293	
Title and Company				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				
xx •Total of 15	forms are submitted.		•	

Approved for use through 11/30/2005. OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	Intradult diffess it displays a valid Ottib Collab transco.	
Filing Date		1
First Named Inventor	BOYD, Robert R.	1
Title	ARTICULATED ELEMENTS AND METHODS	OR US
Art Unit		
Examiner Name		1
Attorney Docket Number	22198(2)US	1

I hereby revoke all previous powers of attorney given in the al	bove-identified application.		
I hereby appoint:			
Practitioners associated with the Customer Number:  OR  24116			
Practitioner(s) named below:			
Name	Registration Number		
as my/our attorney(s) or agent(s) to prosecute the application identified above Trademark Office connected therewith.	e, and to transact all business in the United States Patent and		
Please recognize or change the correspondence address for the above-iden	ntified application to:		
The address associated with the above-mentioned Customer Num	ber:		
OR			
The address associated with Customer Number:			
OR Firm or			
Individual Name			
Address			
City	State Zip		
Country			
Telephone	Email .		
l am the:			
Lxxl Applicant/Inventor.			
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)			
SIGNATURE of Applicant or	Assignee of Record		
Signature ////////////////////////////////////	Date 23 June US		
Name Holly A. Stein	Telephone (614) 424-5513		
Title and Company			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
*Total of 15 forms are submitted.			

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

# POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	Thatloff diffess it displays a valid Chilb condo fidinger.	
Filing Date		1
First Named Inventor	BOYD, Robert R.	
Title	ARTICULATED ELEMENTS AND METHODS	OR US
Art Unit		1
Examiner Name		1
Attorney Docket Number	22198(2)US	1

I hereby revoke all previous powers of attorney given in the above-identified application.				
I hereby appoint:				
Practitioners associ	iated with the Customer Number: 2411	L6		
OR				
Practitioner(s) name	ed below:	•		
	Name	Regi	stration Number	
		. · · · · · · ·		
as my/our attorney(s) or a Trademark Office connec	gent(s) to prosecute the application identified ted therewith.	above, and to transact all b	usiness in the United States Patent and	
Please recognize or chan	ge the correspondence address for the above-	-identified application to:		
	sociated with the above-mentioned Customer I	-		
OR ·	, colated Will the above mellioned editioner			
The address as	sociated with Customer Number:	•		
OR Firm or				
Individual Name				
Address				
City	· · · · · · · · · · · · · · · · · · ·	State	Zip	
Country				
Telephone		Email		
l am the:				
Lxxl Applicant/Invent				
	ord of the entire interest. See 37 CFR 3.71.  r 37 CFR 3.73(b) is enclosed. (Form PTO/SB/	96)		
SIGNATURE of Applicant or Assignee of Record				
Signature	- Man E. Schellen		Date 6/23/05	
Name Jean E. Schelhorn Telephone (614) 424-3681				
Title and Company				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				
xx *Total of 15	forms are submitted.			

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number		\
Filing Date		
First Named Inventor	BOYD, Robert R.	
Title	ARTICULATED ELEMENTS AND METHODS	OR USE
Art Unit		
Examiner Name		]
Attorney Docket Number	22198(2)US	7

I hereby revoke all p	revious powers of attorney give	en in the	above-identified ap	plication.	1
I hereby appoint:	Γ				
Practitioners assoc	Practitioners associated with the Customer Number: 24116				
OR	<b>-</b>	<del></del>			
Practitioner(s) nam	ed below:				
	Name		Reg	stration Number	er
	* ( <u>1.11.)</u>				
·					
					Neitral Otatas Datast and
as my/our attorney(s) or a Trademark Office connect	agent(s) to prosecute the application is ted therewith.	identified a	bove, and to transact all t	ousiness in the	United States Patent and
Please recognize or char	nge the correspondence address for t	he above-id	dentified application to:		
	sociated with the above-mentioned C				
OR OR					
The address associated with Customer Number:					
OR					
Firm or Individual Name					
Address					
			•		
City			State		Zip
Country Telephone			Email		· · · · · · · · · · · · · · · · · · ·
I am the:			Linear	, <u>i.</u> .	
x x Applicant/Inventor.					
Assignee of rec	ord of the entire interest. See 37 CFF	R 3.71.			
• •	er 37 CFR 3.73(b) is enclosed. (Form		6)		
SIGNATURE of Applicant or Assignee of Record					
Signature	James B Bleeson	ر		Date (	6/23/05
Name	James B. Gleeson			Telephon	e (614) 424-4697
Title and Company					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
xx *Total of 15	xx *Total of 15 forms are submitted.				

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	Triador diness it displays a valid single service.	
Filing Date		1
First Named Inventor	BOYD, Robert R.	
Title	ARTICULATED ELEMENTS AND METHODS	OR USE
Art Unit		
Examiner Name		]
Attorney Docket Number	22198(2)US	7

I hereby revoke all previous powers of attorney given in the above-identified application.			
I hereby appoir	nt:		
Land	associated with the Customer Number:	24116	
OR			
Practitioner(	s) named below:		
	Name	Registra	tion Number
	r(s) or agent(s) to prosecute the application ide	entified above, and to transact all busing	ness in the United States Patent and
Please recognize	or change the correspondence address for the	e above-identified application to:	
	ress associated with the above-mentioned Cus		
OR		•	
The add	ress associated with Customer Number:		
OR			
Firm or Individual N	lame		
Address			
O'L		Ctoto	Zip
City Country		State	Zip ·
Telephone		Email	
I am the:			
xx Applican	t/Inventor.		
	e of record of the entire interest. See 37 CFR 3 of under 37 CFR 3.73(b) is enclosed. (Form P		
	SIGNATURE of A	pplicant or Assignee of Record	
Signature	George Wmutt		Date 06/15/2005
Name	Roger W. Smith		Telephone (614') 424-5798
Title and Company			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
XX *Total of _	15 forms are submitted.		

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number		
Filing Date		
First Named Inventor	BOYD, Robert R.	
Title	ARTICULATED ELEMENTS AND METHODS	OR USE
Art Unit		
Examiner Name		}
Attorney Docket Number	22198(2)US	7

I hereby revoke all	previous powers of attorney giv	en in the	above-identified	application.	
I hereby appoint:					
Practitioners associated with the Customer Number:					
OR	_	<u>-</u> ,			
Practitioner(s) na	med below:		,		
	Name		R	legistration Numbe	r
	<u> </u>				
			· · · · · · · · · · · · · · · · · · ·		
				1 "	
as my/our attorney(s) or Trademark Office conne	r agent(s) to prosecute the application in acted therewith.	dentified abo	ove, and to transact	all business in the	United States Patent and
Please recognize or cha	ange the correspondence address for t	he above-ide	entified application to	:	
	associated with the above-mentioned C				·
OR ·			· · ·		
The address of OR	associated with Customer Number:				
Firm or Individual Name					
Address					
·		<u></u>			7:-
City			State		Zip
Country Telephone			Email	<u></u>	
I am the:		<u>"</u>		<u> </u>	
xx Applicant/Inve	entor.				
	ecord of the entire interest. See 37 CFF der 37 CFR 3.73(b) is enclosed. (Form				
SIGNATURE of Applicant or Assignee of Record					
Signature	may Hoffman for	ncake	_	Date	6/16/05
Name	Mary Hoffman Pancake			Telephone	(614) 424-4037
Title and Company					
NOTE: Signatures of all the signature is required, see	ne inventors or assignees of record of the enterpolation.	tire interest or	their representative(s) a	are required. Submit r	nultiple forms if more than one
xx *Total of 15	forms are submitted.				

Approved for use through 11/30/2005. OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

# POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	illiadori dilless it dispiays a valid Civis contact itemsor.	\
Filing Date		1
First Named Inventor	BOYD, Robert R.	]
Title	ARTICULATED ELEMENTS AND METHODS	OR USE
Art Unit		
Examiner Name		
Attorney Docket Number	22198(2)US	7

I haraba maraba att	provious powers of ottornov given in the	no above identified applied	etion	
	previous powers of attorney given in the	ne above-identified applica	auori.	
I hereby appoint:				
Practitioners associated with the Customer Number: 24116				
OR	<del>1</del>			
Practitioner(s) na	med below:			
	Name	Registrati	on Number	
<u> </u>				
	**************************************			
as my/our attorney(s) of Trademark Office connections	r agent(s) to prosecute the application identified ected therewith.	above, and to transact all busine	ess in the United States Patent and	
Please recognize or ch	ange the correspondence address for the above	e-identified application to:		
المضا The address a	associated with the above-mentioned Customer	Number.	י	
		•	·	
The address OR	associated with Customer Number:			
Firm or Individual Name	,			
Address				
City		State	Zip	
Country Telephone		Email		
I am the:				
x x Applicant/Inve	entor.			
Assignee of re	ecord of the entire interest. See 37 CFR 3.71.			
	der 37 CFR 3.73(b) is enclosed. (Form PTO/SB	/96)		
SIGNATURE of Applicant or Assignee of Record				
Signature	Bin Chally		Date 6/17/05	
Name	Brian C. Kelley		Telephone (614) 424-7458	
Title and Company				
NOTE: Signatures of all the signature is required, see	e inventors or assignees of record of the entire interested	et or their representative(s) are require	ed. Submit multiple forms if more than one	
xx *Total of 15	forms are submitted.			

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

# POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	imation unless it displays a valid Olvib conduct number.	
Filing Date		1
First Named Inventor	BOYD, Robert R.	]
Title	ARTICULATED ELEMENIS AND METHODS	OR USE
Art Unit		
Examiner Name		
Attorney Docket Number	22198(2)US	7

I boroby revoke all r	previous powers of attorney giver	n in the above-identified a	Innlication
	nevious powers of attorney giver	THE above-lacitation a	pphoation.
I hereby appoint:			
Practitioners associated with the Customer Number: 24116			
OR 			
Practitioner(s) nar	ned below:		,
	Name	Re	egistration Number
as mylour attornov(s) or	agent/s) to prosecute the application ide	entified above, and to transact al	Il business in the United States Patent and
Trademark Office conne		TRINCO ADOVC, and to transact at	T business in the original oldress to draw and
Plasse recognize or cha	ange the correspondence address for the	above-identified application to:	
The address a	ssociated with the above-mentioned Cus	tomer Number:	
		·	
	associated with Customer Number:		
OR Firm or Individual Name			
Address			
City		State	Zip
Country			
Telephone Telephone		Email	
I am the:			
Applicant/Inve	ntor.		
	ecord of the entire interest. See 37 CFR 3. der 37 CFR 3.73(b) is enclosed. (Form P7		
SIGNATURE of Applicant or Assignee of Record			
Signature	for Milson	•	Date 6/23/05
Name	Kevin M. Taylor		Telephone (614) 424-5215
Title and Company			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
xx *Total of 15	forms are submitted.		

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are req	uired to respond to a collection of info	ormation unless it displays a valid OMB control number.	
POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number		
	Filing Date		
	First Named Inventor	BOYD, Robert R.	
	Title	ARTICULATED ELEMENIS AND METHODS	OR USE
	Art Unit		
	Examiner Name		
	Attorney Docket Number	22198(2)US	7

I hereby revoke all previous powers of attorney given in the above-identified application.			
	previous powers of attorney given in the	re above-identified appli	Cauon.
I hereby appoint:			
Practitioners associated with the Customer Number: 24116			
OR			
Practitioner(s) named below:			
Name Registration Number			
		<u> </u>	
as my/our attorney(s) of Trademark Office connections	r agent(s) to prosecute the application identified ected therewith.	above, and to transact all bus	iness in the United States Patent and
Diago regorniza or obj	ange the correspondence address for the above	a-identified application to:	
The address a OR	issociated with the above-mentioned Customer	Number:	
		•	
The address OR	associated with Customer Number:	·	
Firm or Individual Name			
Address			
			7:
City		State	Zip
Country Telephone		Email	
I am the:		Linan	<u> </u>
xx Applicant/Inve	entor.		
	ecord of the entire interest. See 37 CFR 3.71.		
• • • •	der 37 CFR 3.73(b) is enclosed. (Form PTO/SB	/96)	
SIGNATURE of Applicant or Assignee of Record			
Signature	Da Poseker X		Date 6 27 05
Name	Dov S. Rosenberg		Telephone
Title and Company	· · · · · · · · · · · · · · · · · · ·		
NOTE: Signatures of all the signature is required, see	ne inventors or assignees of record of the entire interest below*.	st or their representative(s) are req	uired. Submit multiple forms if more than one
xx *Total of 15	forms are submitted.		

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE of a collection of information unless it displays a valid OMB control number.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

## POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

	miation unless it displays a valid Olvid Condo Hambot.	
Application Number		1
Filing Date	•	]
First Named Inventor	BOYD, Robert R.	]
Title	ARTICULATED ELEMENTS AND METHODS	FOR USE
Art Unit		
Examiner Name		j
Attorney Docket Number	22198(2)US	/

I hereby revoke all	I hereby revoke all previous powers of attorney given in the above-identified application.			
I hereby appoint:				
Practitioners asso	ociated with the Customer Number:	24116		
Practitioner(s) named below:				
	Name		Re	gistration Number
as my/our attorney(s) o Trademark Office conn		identified above	, and to transact al	I business in the United States Patent and
Please recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mentioned Customer Number:  OR  The address associated with Customer Number:  OR  Firm or				
Address			- Maria - Mari	
City			State	Zip
Country				
Telephone			Email	
Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)				
SIGNATURE of Applicant or Assignee of Record				
Signature	grelen Tofor			Date 12-7-05
Name	William T. Hanna	····		Telephone 614 471-0648
Title and Company				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				
xx *Total of 15	forms are submitted.			